

FILED JUN 19 1944 18

Registration District No.

Primary Registration District No.

Registrar's No.

5221

1. PLACE OF DEATH:

(a) County.....  
(b) City or town. Saint Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
En Route H. Phillips Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 (Specify whether  
in this community 21 years (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME ADOLPH MORGAN

3. (b) If veteran, name war --- 3. (c) Social Security 494-26-7383

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife --- 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased July 31, 1922  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
21 10 2 -- hr. -- min.

9. Birthplace Holly Springs, Mississippi  
(City, town, or county) (State or foreign country)

10. Usual occupation Maintenance

11. Industry or business ---

12. Name Will Morgan  
13. Birthplace Holly Springs, Mississippi  
(City, town, or county) (State or foreign country)

14. Maiden name Charity Humphrey  
15. Birthplace Holly Springs, Mississippi  
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Morgan  
(b) Address 1713 Good Avenue

17. (a) Burial (b) Date thereof 6/10/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Charles J. Gates  
(b) Address 4107 Inney Avenue

19. (a) JUN 8 1944 (b) J. F. Brueck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town Saint Louis (If outside city or town limits, write "RURAL") 17  
(d) Street No. 1713 Goode Avenue (If rural, give location) 119  
(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3rd  
year 1944 hour 10:10 minute 00 P. M.

21. I hereby certify that I attended the deceased from --- 19 --- to --- 19 ---

that I last saw him --- alive on --- 19 --- and that death occurred on the date and hour stated above.

Immediate cause of death External hemorrhage from laceration of neck and left chest arteries with a knife in play. Hands gone. Abdomen flattened in front of 2427 Goode Ave. about 10:10 PM June 3, 1944  
Due to ---  
Due to ---

Other conditions ---  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations ---

Of autopsy ---

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide  
(b) Date of occurrence June 3, 1944  
(c) Where did injury occur? St. Louis (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place

While at work? no (Specify type of place) (e) Means of injury see above

23. Signature Thomas P. Ballance (If D. or other) ---  
Address 2300 Clark Avenue Date signed 6/7/44

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Thomas J. Gates

Registered Apprentice No. ....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**